

DEC 15 2005

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To:	Examiner Beverly Meindl Flanagan	From:	Steven Fischman
Fax:	(571) 273-8300	Pages:	11 pages including cover sheet
Phone:		Date:	12/15/2005
Re:	U.S. Serial No: 10/628,628 Group Art Unit: 3739 Confirmation No: 4908 Docket No: 14357A	CC:	

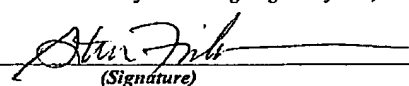
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Tomohisa Sakurai, et al.			Docket No. 14357A
Application No. 10/628,628	Filing Date July 28, 2003	Examiner Beverly Meindl Flanagan	Group Art Unit 3739
Invention: SURGICAL OPERATION SYSTEM			
Confirmation No: 4908			
<p>I hereby certify that this <u>RESPONSE UNDER 37 C.F.R. §1.111</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u> on <u>December 15, 2005</u> (Date)</p> <p style="text-align: center;"><u>Steven Fischman</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			


P18/REV02

DEC 15 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 14357A	
Applicant(s): Tomohisa Sakurai, et al.						
Application No. 10/628,628	Filing Date July 28, 2003	Examiner Beverly Meindl Flanagan	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4908	
Invention: SURGICAL OPERATION SYSTEM						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: December 15, 2005			
Steven Fischman Registration No. 34,594 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						

P11LARGE/REV09

DEC 15 2005

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 14357A	
Applicant(s): Tomohisa Sakurai, et al.						
Application No. 10/628,628	Filing Date July 28, 2003	Examiner Beverly Meindl Flanagan	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4908	
Invention: SURGICAL OPERATION SYSTEM						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
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TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Tomohisa Sakurai, et al.

Examiner: Beverly Meindl Flanagan

Serial No: 10/628,628

Art Unit: 3739

Filed: July 28, 2003

Docket: 14357A

For: SURGICAL OPERATION SYSTEM

Dated: December 15, 2005

Confirmation No: 4908

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

In response to the Official Action issued September 16, 2005, Applicants respectfully request the Examiner to reconsider the application in view of the following amendments and remarks.

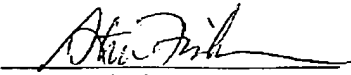
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: December 15, 2005


Steven Fischman